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|  |                       |  |  |  |          |  |           |   |          |  |          |  |          |                |  |      |           |              |               |                  |                       |
|--|-----------------------|--|--|--|----------|--|-----------|---|----------|--|----------|--|----------|----------------|--|------|-----------|--------------|---------------|------------------|-----------------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>  |                       | Docket Number (Optional)<br>960296.95912 |  |  |          |  |           |   |          |  |          |  |          |                |  |      |           |              |               |                  |                       |
| In re Application of Karen M. Downs  |                       |  |  |  |          |  |           |   |          |  |          |  |          |                |  |      |           |              |               |                  |                       |
| Application Number 09/336,103  |                       | Filed 6/18/1999                          |  |  |          |  |           |   |          |  |          |  |          |                |  |      |           |              |               |                  |                       |
| For CHIMERIC MAMMALIAN ALLANTOIS   |                       |  |  |  |          |  |           |   |          |  |          |  |          |                |  |      |           |              |               |                  |                       |
| Art Unit 1632  |                       | Examiner M. Wilson                       |  |  |          |  |           |   |          |  |          |  |          |                |  |      |           |              |               |                  |                       |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table><tr><td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td>\$ _____</td></tr><tr><td><input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td>\$ 420.00</td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td>\$ _____</td></tr></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 210.00</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 17-0055</p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br/>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record.</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a).<br/>Registration number if acting under 37 CFR 1.34(a) _____</p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <table><tr><td>April 23, 2004</td><td></td></tr><tr><td>Date</td><td>Signature</td></tr><tr><td>414-277-5709</td><td>Jean C. Baker</td></tr><tr><td>Telephone Number</td><td>Typed or printed name</td></tr></table> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input checked="" type="checkbox"/> Total of 1 forms are submitted.</p> |                       |  |  | <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$ _____ | <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$ 420.00 | <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ _____ | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ _____ | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ _____ | April 23, 2004 |  | Date | Signature | 414-277-5709 | Jean C. Baker | Telephone Number | Typed or printed name |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))   | \$ _____              |  |  |  |          |  |           |   |          |  |          |  |          |                |  |      |           |              |               |                  |                       |
| <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))   | \$ 420.00             |  |  |  |          |  |           |   |          |  |          |  |          |                |  |      |           |              |               |                  |                       |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))  | \$ _____              |  |  |  |          |  |           |   |          |  |          |  |          |                |  |      |           |              |               |                  |                       |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))   | \$ _____              |  |  |  |          |  |           |   |          |  |          |  |          |                |  |      |           |              |               |                  |                       |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))   | \$ _____              |  |  |  |          |  |           |   |          |  |          |  |          |                |  |      |           |              |               |                  |                       |
| April 23, 2004   |                       |  |  |  |          |  |           |   |          |  |          |  |          |                |  |      |           |              |               |                  |                       |
| Date   | Signature             |  |  |  |          |  |           |   |          |  |          |  |          |                |  |      |           |              |               |                  |                       |
| 414-277-5709   | Jean C. Baker         |  |  |  |          |  |           |   |          |  |          |  |          |                |  |      |           |              |               |                  |                       |
| Telephone Number   | Typed or printed name |  |  |  |          |  |           |   |          |  |          |  |          |                |  |      |           |              |               |                  |                       |

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case.

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